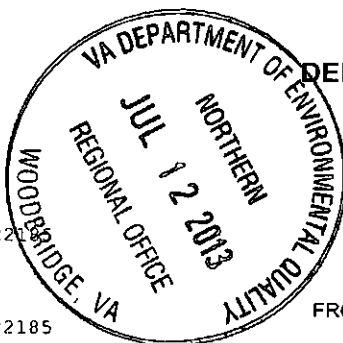


PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME AT&T Oakton Office Park
ADDRESS 3033 Chain Bridge Rd
Room B109
Oakton VA 22129

FACILITY
LOCATION 3033 Chain Bridge Rd
Oakton VA 22185



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
COOLING WATER DISCHARGE
DISCHARGE MONITORING REPORT(DMR)

| | | | | | |
|-------------------|------------------|-----|------|----|-----|
| VAG250126 | 001 (large) | | | | |
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| MONITORING PERIOD | | | | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 13 | 04 | 01 | 13 | 06 | 30 |

FROM

10/26/2010

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

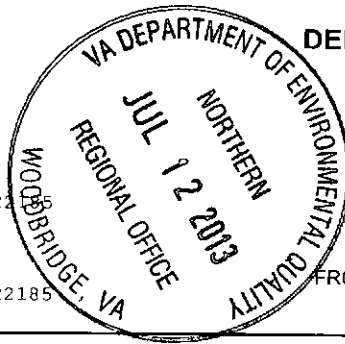
| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|-------------|---------------------|---------|-------|--------------------------|---------|---------|-------|---------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 001 FLOW | REPORTED | ***** | 0.001 | MGD | ***** | ***** | ***** | | 0 | 1/3M | Est |
| | REQUIREMENT | ***** | 0.05 | MGD | ***** | ***** | ***** | | | 1/3M | EST |
| 002 PH | REPORTED | ***** | ***** | | 8.7 | ***** | 8.7 | SU | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | 6.0 | ***** | 9.0 | SU | | 1/3M | GRAB |
| 012 PHOSPHORUS, TOTAL (AS P) | REPORTED | ***** | ***** | | ***** | ***** | NR | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | MG/L | | 1/3M | GRAB |
| 039 AMMONIA, AS N | REPORTED | ***** | ***** | | ***** | ***** | ND | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | MG/L | | 1/3M | GRAB |
| 080 TEMPERATURE, WATER (DEG. C) | REPORTED | ***** | ***** | | ***** | ***** | 26 | C | 0 | 1/3M | IS |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | C | | 1/3M | IS |
| 137 HARDNESS, TOTAL (AS CaCO3) | REPORTED | ***** | ***** | | ***** | ***** | 411 | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | MG/L | | 1/3M | GRAB |
| 165 CL2, INST RES MAX | REPORTED | ***** | ***** | | ***** | ***** | ND | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | ND | MG/L | | 1/3M | GRAB |
| 442 COPPER, DISSOLVED (UG/L AS CU) | REPORTED | ***** | ***** | | ***** | ***** | 50.0 | ug/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | UG/L | | 1/3M | GRAB |

| BYPASSES AND OVERFLOWS | TOTAL OCCURRENCES | TOTAL FLOW(M.G.) | TOTAL BODS(K.G.) | OPERATOR IN RESPONSIBLE CHARGE | | | DATE | | |
|---|-------------------|------------------|------------------|---|-------------------------|-----------------|------|-----|-----|
| I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | Operator Not Required | | | | | |
| | | | | TYPED OR PRINTED NAME | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY |
| | | | | PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | TELEPHONE | | | |
| | | | | Michele Blazek, Asst. Secretary | <i>Michele M Blazek</i> | 415-454-9282 | 2013 | 07 | 10 |
| | | | | TYPED OR PRINTED NAME | SIGNATURE | | YEAR | MO. | DAY |

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME AT&T Oakton Office Park
ADDRESS 3033 Chain Bridge Rd
Room B109
Oakton VA 22185

FACILITY
LOCATION 3033 Chain Bridge Rd
Oakton VA 22185



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
COOLING WATER DISCHARGE
DISCHARGE MONITORING REPORT(DMR)

| | | | |
|-------------------|----|------------------|----------------|
| VAG250126 | | 001 | |
| PERMIT NUMBER | | DISCHARGE NUMBER | |
| MONITORING PERIOD | | | |
| YEAR | MO | DAY | TO YEAR MO DAY |
| 13 | 04 | 01 | 13 06 30 |

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

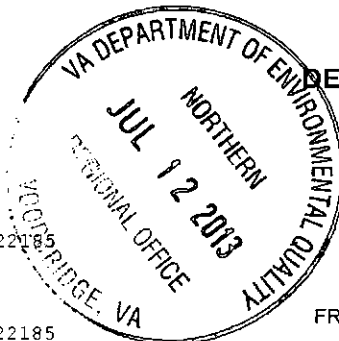
| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------------|-------------|---------------------|---------|-------|--------------------------|---------|---------|-------|------------|--------------------------|----------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 447 SILVER, DISSOLVED (UG/L AS AG) | REPORTED | ***** | ***** | | ***** | ***** | NR | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | UG/L | | 1/3M | GRAB |
| 448 ZINC, DISSOLVED (AS ZN) (UG/L) | REPORTED | ***** | ***** | | ***** | ***** | .050 | ug/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | UG/L | | 1/3M | GRAB |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |

| BYPASSES AND OVERFLOWS | TOTAL OCCURRENCES | TOTAL FLOW(M.G.) | TOTAL BODS(K.G.) | OPERATOR IN RESPONSIBLE CHARGE | | | DATE | | | | | |
|---|----------------------|------------------|------------------|---|--|-----------|-----------------|--------------|------|-----|----|--|
| | | | | Operator Not Required | | | | | | | | |
| I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | TYPED OR PRINTED NAME | | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY | | |
| | | | | PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | TELEPHONE | | | | |
| | | | | Michele Blazek, Asst. Secretary | | | | 415-454-1282 | | | | |
| | | | | TYPED OR PRINTED NAME | | SIGNATURE | | | 2013 | 07 | 10 | |
| | | | | | | YEAR | MO. | DAY | | | | |

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME AT&T Oakton Office Park
ADDRESS 3033 Chain Bridge Rd
Room B109
Oakton VA 22185

FACILITY
LOCATION 3033 Chain Bridge Rd
Oakton VA 22185



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
COOLING WATER DISCHARGE
DISCHARGE MONITORING REPORT(DMR)

| | | | |
|-------------------|----|------------------|------|
| VAG250126 | | 002 (small) | |
| PERMIT NUMBER | | DISCHARGE NUMBER | |
| MONITORING PERIOD | | | |
| YEAR | MO | DAY | YEAR |
| 13 | 04 | 01 | 13 |
| TO | | 13 06 30 | |

10/26/2010

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

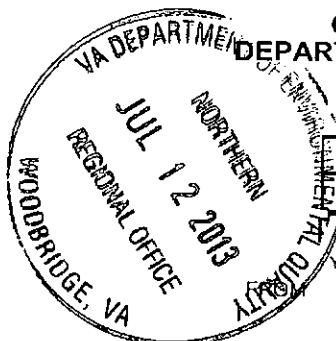
| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|-------------|---------------------|---------|-------|--------------------------|---------|---------|-------|---------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 001 FLOW | REPORTED | ***** | 0.001 | MGD | ***** | ***** | ***** | | 0 | 1/3M | Est |
| | REQUIREMENT | ***** | 0.05 | MGD | ***** | ***** | ***** | | | 1/3M | EST |
| 002 PH | REPORTED | ***** | ***** | | 8.6 | ***** | 8.6 | SU | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | 6.0 | ***** | 9.0 | SU | | 1/3M | GRAB |
| 012 PHOSPHORUS, TOTAL (AS P) | REPORTED | ***** | ***** | | ***** | ***** | NR | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | MG/L | | 1/3M | GRAB |
| 039 AMMONIA, AS N | REPORTED | ***** | ***** | | ***** | ***** | .100 | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | MG/L | | 1/3M | GRAB |
| 080 TEMPERATURE, WATER (DEG. C) | REPORTED | ***** | ***** | | ***** | ***** | 25 | C | 0 | 1/3M | IS |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | C | | 1/3M | IS |
| 137 HARDNESS, TOTAL (AS CAC03) | REPORTED | ***** | ***** | | ***** | ***** | 315 | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | MG/L | | 1/3M | GRAB |
| 165 CL2, INST RES MAX | REPORTED | ***** | ***** | | ***** | ***** | ND | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | ND | MG/L | | 1/3M | GRAB |
| 442 COPPER, DISSOLVED (UG/L AS CU) | REPORTED | ***** | ***** | | ***** | ***** | 33.4 | ug/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | UG/L | | 1/3M | GRAB |

| BYPASSES AND OVERFLOWS | TOTAL OCCURRENCES | TOTAL FLOW(M.G.) | TOTAL BODS(K.G.) | OPERATOR IN RESPONSIBLE CHARGE | | | DATE | | | |
|---|-------------------|------------------|------------------|---|--|-----------|-----------------|------|-----|-----|
| | | | | Operator Not Required | | | | | | |
| I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | TYPED OR PRINTED NAME | | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY |
| | | | | PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | TELEPHONE | | | |
| | | | | Michele Blazek, | | | 415-454-9282 | 2013 | 07 | 10 |
| | | | | Asst. Secretary | | | | YEAR | MO. | DAY |
| | | | | TYPED OR PRINTED NAME | | SIGNATURE | | | | |

PERMITTEE NAME/ADDRESS (INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME AT&T Oakton Office Park
ADDRESS 3033 Chain Bridge Rd
Room B109
Oakton VA 22185

FACILITY
LOCATION 3033 Chain Bridge Rd
Oakton VA 22185



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
COOLING WATER DISCHARGE
DISCHARGE MONITORING REPORT (DMR)

VAG250126
PERMIT NUMBER
003
DISCHARGE NUMBER

MONITORING PERIOD
YEAR 13 MO 04 DAY 01 TO YEAR 13 MO 06 DAY 30

10/26/2010

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------------|-------------|---------------------|---------|-------|--------------------------|---------|---------|-------|------------|--------------------------|----------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 447 SILVER, DISSOLVED (UG/L AS AG) | REPORTED | ***** | ***** | | ***** | ***** | NR | mg/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | UG/L | | 1/3M | GRAB |
| 448 ZINC, DISSOLVED (AS ZN) (UG/L) | REPORTED | ***** | ***** | | ***** | ***** | 125 | ug/L | 0 | 1/3M | Grab |
| | REQUIREMENT | ***** | ***** | | ***** | ***** | NL | UG/L | | 1/3M | GRAB |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |
| | REPORTED | | | | | | | | | | |
| | REQUIREMENT | | | | | | | | | | |

| | | | | | | | | | |
|---|----------------------|------------------|------------------|---|-----------|-----------------|------|-----|-----|
| BYPASSES AND OVERFLOWS | TOTAL OCCURRENCES | TOTAL FLOW(M.G.) | TOTAL BODS(K.G.) | OPERATOR IN RESPONSIBLE CHARGE | | | DATE | | |
| | | | | Operator Not Required | | | | | |
| I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | TYPED OR PRINTED NAME | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY |
| | | | | PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | TELEPHONE | | | |
| | | | | Michele Blazek, Asst. Secretary | | 415-454-1282 | | | |
| | | | | TYPED OR PRINTED NAME | SIGNATURE | | | | |
| | | | | 2013 | 07 | 10 | | | |
| | | | | YEAR | MO. | DAY | | | |



AT&T Services, Inc.
308 S. Akard St., Room 1708
Dallas, Texas 75202
214-464-5685 Office
214-446-9618 Fax
am295w@att.com

July 9, 2013

Virginia Department of Environmental Quality
Northern Regional Office
13901 Crown Court
Woodbridge, VA 22193
Attn: Compliance Auditor




RE: Discharge Monitoring Reports for October through December for NPDES Permit:
VAG250126

On behalf of AT&T Communications of Virginia, LLC, AT&T Services, Inc. is submitting this DMR for the above-referenced permitted site located at 3033 Chain Bridge Road, Oakton, Virginia 22185.

Additionally, in accordance with footnote 5 on the permit page 2, Silver and Phosphorus analysis is not required since the cooling towers do not utilize Cu/Ag anodes nor do they use additives containing phosphorus.

If you should have any questions or comments, please contact me at 214-464-5685.

Sincerely,
AT&T Environment, Health and Safety Dept.

Chantel McMorris 
Manager – EH&S Environmental Services
AT&T Services, Inc.

Attachment